

## PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL

For use of this form see TC 8-800; the proponent agency is TRADOC.

**TABLES:** IV

**REFERENCES:** STP 8-68W13-SM-TG, Task: 081-833-0156, Perform a Medical Patient Assessment;  
*Emergency Care and Transportation of the Sick and Wounded.*

**1. Soldier** (*Last Name, First Name, MI*)

**2. Date** (YYYYMMDD)

**CONDITIONS:** Given a patient complaining of an illness in a simulated prehospital environment. You are not in a CBRN environment. Patient assessment is the cornerstone of good prehospital care. The best EMS providers are renowned for their thorough and systematic approach to performing patient assessments. If you can develop a consistent and methodical approach to assessment, you will be well on your way to providing the best possible medical care.

**STANDARDS:** Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*20 of 28 steps*) and not miss any critical (\*) elements on the skill sheet.

**SAFETY:**

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI) .
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

**NOTE:** Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

### TEST SCENARIO:

*As per Medical Scenario.* You are responding to an emergency call for a casualty with medical (nontrauma) complaints. You must perform a thorough and systematic initial patient assessment and focused history and physical examination in order to guide your decision-making process as to how to best manage this casualty.

**3. Evaluator's Comments and After-Test Recommendations:**

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**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL  
GRADING SHEET**

TASK	COMPLETED					
<b>4. Performed a Scene Size-Up</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Determined if the scene is safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Determined the mechanism of illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. * Determined the number of casualties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. * Requested additional assistance if deemed necessary. <b>NOTE: The need for additional assistance is based on the number of patients. MOI may dictate additional personnel or equipment.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Performed an Initial Assessment</b> <b>EVALUATOR: As the Soldier Medic performs each step in the initial assessment, provide the correct responses as per the Medical Scenario.</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Formed a general impression of the casualty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Determined responsiveness/assessed the casualty's mental status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Assessed Airway and Breathing</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Assessed the airway ( <i>look, listen, feel</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Assessed the breathing ( <i>rate, rhythm, quality</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiated appropriate oxygen therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Assessed Circulation</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Assessed the skin ( <i>color, temperature, condition</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Assessed the pulse ( <i>rate, rhythm, strength</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Assessed for and controlled significant bleeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treated the casualty for shock ( <i>as appropriate</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Identified Priority and Made a Transport Decision</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. Selected the appropriate assessment to perform.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Made a transport decision ( <i>immediate transport, ALS backup</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Performed a Focused History and Physical Examination</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Obtained a SAMPLE History ( <i>prior to leaving the scene</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Performed focused physical exam. <b>EVALUATOR: The Soldier Medic performs the focused physical exam by verbalizing the assessment of affected body part.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Obtained vital signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL  
GRADING SHEET (cont'd)**

TASK	COMPLETED					
<b>9. Performed a Focused History and Physical Examination (cont'd)</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
d. * Assessed airway, breathing, and circulation before any other detailed exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Performed interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Determined level of pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Transported (reevaluated the transport decision).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Ongoing Assessment</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Repeated the initial assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Repeated the vital signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Repeated the focused assessment regarding casualty complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. * Did not cause further injury to the casualty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>* CRITICAL ELEMENTS</b>						

**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL  
GRADING SHEET (cont'd)**

11. Demonstrated Proficiency                      Yes ☐                      No ☐

12. Start Time	13. Stop Time	14. Initial Evaluator
15. Start Time	16. Stop Time	17. Retest Evaluator
18. Start Time	19. Stop Time	20. Final Evaluator

21. Remarks

## PERFORM A PATIENT ASSESSMENT (*EMT-B*): MEDICAL EVALUATOR GUIDELINES AND INSTRUCTIONS

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

### Resource Requirements:

**Evaluator:** Grading sheet and applicable scenario.

**Soldier Medic:** Applicable scenario, medical aid bag stocked with a basic load, evacuation vehicle, another Soldier performing as an assistant/Combat Lifesaver.

### Additional Scoring Guidelines:

#### Performed a Scene Size-Up

Determined if the scene was safe.

- Evaluated the scene for the safety of the casualty and emergency personnel.
- Determined the safest route to access the casualty.

#### Performed an Initial Assessment

Formed a general impression of the casualty.

- Immediately looked for life-threatening conditions.
- Determined if the casualty was coherent and able to answer questions.

Determined responsiveness/assessed the casualty's mental status.

- Level of consciousness (*LOC*).
- AVPU.
- Determined chief complaint/apparent life threats.

#### Assessed Airway and Breathing

Assessed the airway (*look, listen, feel*).

- Open and patent.
- Adjunct(s) indicated.

#### Identified Priority and Made a Transport Decision

Selected appropriate assessment.

- Focused History and Physical Assessment.
- Rapid Assessment.

# PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL EVALUATOR GUIDELINES AND INSTRUCTIONS (cont'd)

## Performs a Focused History and Physical Examination

Obtained SAMPLE History prior to leaving the scene.

- o S: Signs and symptoms of the episode.

### Respiratory

- Onset?
- Provokes?
- Quality?
- Radiates?
- Severity?
- Time?
- Interventions?

### Cardiac

- Onset?
- Provokes?
- Quality?
- Radiates?
- Severity?
- Time?
- Interventions?

### Altered Mental Status

- Description of the episode.
- Onset?
- Duration?
- Associated symptoms?
- Evidence of trauma?
- Interventions?
- Seizures?
- Fever?

### Allergic Reaction

- History of allergies?
- What were you exposed to?
- How were you exposed?
- Effects?
- Progression?
- Interventions?

### Poisoning/Overdose

- Substance?
- When did you ingest/  
become exposed?
- How much did you ingest?
- Over what time period?
- Interventions?
- Estimated weight?
- Effects?

### Environmental

- Source?
- Environment?
- Duration?
- Loss of consciousness?
- Effects: general or local?
- Interventions?

### Obstetrics

- Are you pregnant?
- How far along in your  
pregnancy?
- Pain or contractions?
- Bleeding or discharge?
- Do you feel the need  
to push?
- Last menstrual period?
- Crowning?

### Behavioral

- o How do you feel?
- o Determine suicidal  
tendencies
- o Is the casualty a threat to  
himself/herself or others?
- o Is there a medical problem?
- o Interventions?

- o A: Allergies (medications, food or other substances).
- o M: Medications (prescribed, OTC; dosage).
- o P: Pertinent past medical history.
- o L: Last oral intake (eat or drink).
- o E: Events leading up to injury/illness.

Obtained vital signs.

- o Pulse (rate, strength, regularity).
- o Respirations (rate, quality).
- o Blood pressure.

### Ongoing Assessment (verbalized)

Repeated vital signs.

- o Pulse (rate, strength, regularity).
- o Respirations (rate, quality).
- o Blood pressure.